

Establishment of Custody Form

Establishing custody for children: the following information is required, in addition to the Notice of Election (NOE) form, to establish transfer of custody for benefits under the state insurance program.

PERSON(S) ASSUMING CUSTODY		
Name:		SSN:
Address:		
Relationship to child:		Date residence began:
Who is principally responsible for the maintenance and support of the child? Who is principally responsible for the care, rearing and discipline of the child?		
CHILD		
Name:		SSN:
Date of birth:		Age:
Address:		
Does child presently have health insurance? If yes, give name and address of insurance company, if no, indicate date insurance ended:		Yes No
PARENT(S) OF CHILD		
Father's name and address:		
Father's employer:		
Mother's name and address:		
Mother's employer:		
Do the parent(s) of the child to be insured presently have health and/or dental insurance? If yes, give name and address of insurance company:		Yes No
REASON FOR CUSTODY TRANSFER		
LIST ANY TERMS OF CUSTODY		
Is custody limited to a specific time?	Yes, specify time period:	
	No, permanent placement:	
DOCUMENTATION SUPPORTING CUSTODY		
Attach court order. If there is no court order, explain why and attach any other documentation supporting legal custody (for example: letter from parents relinquishing rights, etc.).		